FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For C	Official Use Only	REA	D THE INSTRU	CTIONS CAREFUI	LY BEFO	RE PREPARING THIS	S REPORT.		
E									
1. File i	Number U - 1/365				2. Fiscal	Year Covered From:			
						1 / 1 / 2	1005 Through:	12 / 31	/ 2005
3. Nam	e and address of person fili	ng.			4. Name	e, file number, and add	dress of labor org	anization.	
Name	Thomas	G Kc	ehler		Name	IBEW Local Ur	nion 160		***************************************
					Labor	Organization File Nur	mber 022-52	2	-
P.O. B	lox, Bldg., Room No., if any		en variante en en gran en en antantant antique en gran frants en en entenanç.	or over the state of the state	P.O. E	Box, Building and Roo	m Number, if any		
Street	4824 W 96th Stre	et		A CONTRACTOR OF THE CONTRACTOR	Street	2522 Marshall	st. NE		
City	Bloomington	e e e e e e e e e e e e e e e e e e e			City	Minneaplois	and the control of th	######################################	
State	Minnesota		ZIP Code + 4	55437-2002	State	Minnesota	***	ZIP Code + 4	55418-3329
5. Posit	ion in labor organization.	Busine	ss Manager/	Financial Se	ecretar			V () # ()	
Ent	er appropriate data below If,	, during tl				or child directly or ind forth in the instruction		of the following in	iterests
A. Held	d an interest in, engaged i	n transa	ctions (includir	ng loans) with, or	derived in	ncome or other ecor	omic benefit of	esent.	
	and address of Employer (ure of Interest, Transa			
Name					October 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Trade	Name, if any:		I II Address () I www.edv.co.co.co.co.co.co.co.co.co.co.co.co.co.						William V Vermin V V Vermin V V Vermin V V Vermin V Vermin V V Vermin V V Vermin V V V V V V V V V V V V V V V V V V V
P.O. B	ox, Bldg., Room No., if any					ere fra e seller of servicel communità de son mon one sens de son con concence a con son	and the state of the	n sammuun na sankan arkeeska kaksaa sii iliisii ilii saasaa saasaa saksaksii iliisii ilii saasaa saasaa saksaksii iliisii ilii saasaa saasaa saksaksii iliisii ilii saasaa saasaa saasaa	to the section of the section of seconds a restaurable vanishment of the section
		Logianoscopia	eternetti kurusus asa asa itti sadak 1566 kundu 1566 kundu 1666 kundu 1666 kundu	···c······	7.b. Am	ount.			
Street									
City						A service and serv			
State	g di jefer gelt er glen en men men men men server som		ZIP Code + 4						
				Sigr	nature				
subm	ignature and verification. itted in this report (including rsigned's knowledge and be	the infor	nation contained	in any accompany	ina docum	ents), has been exam	ined by the signa	that all of the int tory and is, to the	ormation e best of the
Signed Thomas D. Koela					On .	3/10/06 Date	6/2-7	81 3/2 Telephone Number	er

Name of Person Filing Thomas Koehler	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Foster Wheeler Twin Cities, Inc.		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust C. Employer	
Street 2701 University Ave., Suite 105	S. C. Linboyei	
City Minneapolis		
State Minnesota ZIP Code + 4 55414		*
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Foster Wheeler Twin Cities, Inc.	Grievance Meeting - Br	eaktast
Trade Name, if any:	Grievance Meeting - Br 5/4/05	
P.O. Box, Bldg., Room No., if any	•	
Street 2701 University Ave., Suite 105	11.b. Approximate dollar value of such dealing.	J, 50
City Minneapolis	12.a. Nature of interest held or income received.	3
State Minnesota ZIP Code + 4 55414		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		To view married and the second and t
Trade Name, if any:		riphoration and property and pr
P.O. Box, Bldg., Room No., if any		with the second
Street		Person and a second a second and a second and a second and a second and a second an
City	To the second se	te i seringiji munimente
State ZIP Code + 4		*** Translation************************************
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The state of the s
or consumer []		

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
Continue consequence of the Physical Continue Co	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas G Koehler	Name IBEW Local Union 160
• ·	Labor Organization File Number 022-522
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4824 W 96th Street	Street 2522 Marshall St. NE
City Bloomington	City Minneaplois
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329
5. Position in labor organization. Business Manager/Financial Sciences	ecretar
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the
Signed I have as It Kale	on 3/19/06 612 781 3126

Date

Name of Person Filing Thomas Koehler	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Foster Wheeler Twin Cities, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2701 University Ave., Suite 105 City Minneapolis State Minnesota ZIP Code + 4 55414	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	THE PROPERTY OF THE PROPERTY O
Name Foster Wheeler Twin Cities, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any	Labor/Management Meet Break-fast 5/23/05	·ing
Street 2701 University Ave., Suite 105	11.b. Approximate dollar value of such dealing.	7.60
City Minneapolis State Minnesota ZIP Code + 4 55414	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	- minimum an analysis and an analysis and an analysis and an analysis and finding (1/2/1/2/2) in 1/2/2/2/2/2/2
Name Trade Name, if any:		The state of the s
P.O. Box, Bldg., Room No., if any		newsky wyskie
Street		weeding/imeesing
City		as etters or exception
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:				
1. The Number 3-	Z. Fiscal feal Covereu From.				
	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Thomas G Koehler	Name IBEW Local Union 160				
•	Labor Organization File Number 022-522				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 4824 W 96th Street	Street 2522 Marshall St. NE -				
City Bloomington	City Minneaplois				
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329				
5. Position in labor organization. Business Manager/Financial Se	ecretar				
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests				
(except as specified in the exclu	isions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
Juest					
City					
State ZIP Code + 4					
Sign	ature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the					
undersigned's knowledge and belief, true, correct, and complete. (See the se	ction on penalties in the instructions.)				

omas G. Loelle

Name of Person Filing Thomas Koehler	File Numb	ber U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bidg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Xcel & IBEW Jt. So Lunch	efety Mts.
City State ZIP Code + 4	11.b. Approximate dollar value of such do the such dollar. Nature of interest held or income and the such dollars are such dollars. Approximate dollar value of such dollars.	***************************************
	12.b. Amount.	10:00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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1. File Number U -	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Thomas G Koehler	Name IBEW Local Union 160			
-	Labor Organization File Number 022-522			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4824 W 96th Street	Street 2522 Marshall St. NE			
City Bloomington	City Minneaplois			
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329			
5. Position in labor organization. Business Manager/Financial Se	erretar			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.			
State ZIP Code + 4				
15. Signature and verification. The undersigned declares, under penalty of	ring documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Thomas Koehler		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including trade name, if any). Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	9. Business deals with: a. Labor Organizat b. Trust C. Employer	ition -
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing Labor - Managen Lunch	ng. ment Mereting
City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	CAMBA
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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1. File Number U -			2. Fiscal Year Covered From:						
				1 / 1 / 2005 Through: 12 / 31 / 2005					
3. Name and address of person filing.				4. Name	, file number, and add	lress of labor org	anization.		
Name	Thomas	G Koe	hler		Name	IBEW Local Un	ion 160		
				*	Labor	Organization File Nun	nber 022-52	2	-
P.O. Box, Bldg., Room No., if any				P.O. B	ox, Building and Roo	m Number, if any	granger (registry of the state) and the state of the sta	gen gegen een verste verste groot propriete verste	
Street	4824 W 96th Stree	et			Street	2522 Marshall	St. NE		
City	Bloomington		annual de describentes de la companya del la companya de la compan		City	Minneaplois			
State	Minnesota		ZIP Code + 4	55437-2002	State	Minnesota		ZIP Code + 4	55418-3329
5. Posit	ion in labor organization.	Business	Manager,	Financial Se	cretar	15 Constitution to committee of the Confidence o			
A. Held	er appropriate data below lf,	n transact	(except as s	pecified in the exclu-	ısions set f derived in	forth in the instruction	s): omic benefit of		iterests
moneta	ary value from an employ e and address of Employer (i	er whose	employees	your organizati	on repres	sents or is actively sure of Interest, Transa	seeking to repre	esent.	
Name	• • • •	including to		••••••••••••••••••••••••••••••••••••••			·		A CONTRACTOR CONTRACTO
	Name, if any:				CATALON AND AND AND AND AND AND AND AND AND AN				er se emine e es emine e e e e
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P.O. E	Box, Bldg., Room No., if any		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second	7.b. Am	ount.	00 00 00 00 00 00 00 00 00 00 00 00 00	amaamaa temees aaras ar temaa aa mama	**************************************
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City			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			74 - V	ann d'a d'annagh ann agh allamgad a a' mhaid d a d'anaghann ag d'a d'angairde y mad ann 23	ugenamageeeeeeeee www.severyamaseeemen	
			Disk to the selection of the transfer of the colours of the colour			E qui manifer de la companya de la c		e san e danne i maderiado e sobrad medicado de como como de massos e e	
State			ZIP Code + 4	1					
	Sign			ature					
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete)		ing docum	ients), has been exam	ined by the signa					
Sigr	ned I homas	l Ko	elle		On	3/19/06	612 7	81 31Z	

Name of Person Filing Thomas Koehler	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Xcel Energy	a. Labor Organization	
Trade Name, if any: Northern States Power	b. Trust	
P.O. Box, Bldg., Room No., if any	C. Employer	
Street 414 Nicollet Mall		
City Minneapolis		
State Minnesota ZIP Code + 4 55401		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Grievance meeting Lunch	· -
Trade Name, if any:	Lunch	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	35,00
City	12.a. Nature of interest held or income received.	The state of the s
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		!
City		:
	1	, I
State ZIP Code + 4		

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number 11	2 Final Van County Francis		
1. File Number U -	2. Fiscal Year Covered From:		
	1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas G Koehler	Name IBEW Local Union 160		
	Labor Organization File Number 022-522		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4824 W 96th Street	Street 2522 Marshall St. NE		
City Bloomington	City Minneaplois		
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329		
Business Manager/Financial So			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	7.0. Amount		
City			
State ZIP Code + 4			
Sigr	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed Thomas H. Kochle	On 3/10/06 6/2 78/ 3/26 Date Telephone Number		

Name of Person Filing Thomas Koehler		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	9. Business deals with: a. Labor Organization b. Trust c. Employer	on - -
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing Negotiations Breakfast	
City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	Secretary and the second secretary and the second s
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	The state of the s
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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· · · · · · · · · · · · · · · · · · ·	
1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: [12] / [31] / [2005]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas G Koehler	Name IBEW Local Union 160
	Labor Organization File Number 022-522
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4824 W 96th Street	Street 2522 Marshall St. NE
City Bloomington	City Minneaplois
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329
5. Position in labor organization. Business Manager/Financial Se	cretar
Lance	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	May a first Mit Albert Superconduction for the contract of the
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second contained in the contai	ing documents), has been examined by the signatory and is, to the best of the
Signed Campa L. Koll	On 3/10/06 612 781 3126

Name of Person Filing Thomas Koehler	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Xcel Energy	fr =
Trade Name, if any: Northern States Power	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 414 Nicollet Mall	C. Employer
City Minneapolis	
State Minnesota ZIP Code + 4 55401	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Lahor/Management Mtg.
Trade Name, if any:	Lunch
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 15,80
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	er parts A and R should)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas G Koehler	Name IBEW Local Union 160
-	Labor Organization File Number 022-522
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4824 W 96th Street	Street 2522 Marshall St. NE
City Bloomington	City Minneaplois
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329
5. Position in labor organization. Business Manager/Financial Se	gretar
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.5. Amount.
City	find otherwise and briefly and otherwise and the second of
State ZIP Code + 4	
Sign	eature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the set	ring documents), has been examined by the signatory and is, to the best of the

Date

Name of Person Filing Thomas Koehler	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Xcel Energy	
Trade Name, if any: Northern States Power	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust C. Employer
Street 414 Nicollet Mall	(2) C. Limployo
City Minneapolis	
State Minnesota ZIP Code + 4 55401	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Labo:/Management Neveting
Trade Name, if any:	Labo:/management Neeting Dinner 7/18/05
P.O. Box, Bldg., Room No., if any	Dinner //18/05
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
C. Received from any employer (other than an employer covered under	or parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or parts A and B above) or other thing of value.
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